

FCV 050-1-20

Well Tagging Form

WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Unique Well Tag No: ACA 706

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available
- See #2*

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: SUNRISE PT. W. CO Last Name: _____

Street Address: _____

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Across from 562 MOE Rd.

City: _____ County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

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WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

9" casing inside conc. tile w/ conc. lid. ADJ. TO
ROUND CONC. RES, SRC #1, PIH (REP)

Location of Well Identification Tag:

W3

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

D	C	B	A
E	F	G	H
I	L	K	J
M	P	Q	R

Comments:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

File One: Application

Permit

Certificate

Claim

Exempt